

**BOARD OF REGISTERED NURSING**

P.O. BOX 944210, SACRAMENTO, CA 94244-2100  
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## **CALIFORNIA BOARD OF REGISTERED NURSING GENERAL INSTRUCTIONS AND APPLICATION REQUIREMENTS REGARDING THE PSYCHIATRIC/MENTAL HEALTH (P/MH) NURSE LISTING**

### **GENERAL INSTRUCTIONS**

#### **I. Overview**

Pursuant to the amendment of Division 2 of the Insurance Code Section 10176, the Board of Registered Nursing maintains a list of registered nurses who are eligible for direct reimbursement by some health care plans for providing psychiatric/mental health services to insured persons. For reimbursement purposes, the psychiatric/mental health services provided must be covered under the terms of the insured's plan and must be considered necessary by the referring physician.

To be eligible for the listing, California Registered Nurse must possess a master's degree in psychiatric/mental health nursing and complete two (2) years of supervised clinical experience in providing psychiatric/mental health counseling services. The master's degree in nursing must be directly related to mental health, such as psychiatric/mental health nursing or community mental health nursing.

Validation of the required two (2) years of supervised clinical experience may be obtained in the following manner: (A) one (1) year of supervised clinical experience obtained while completing the master's degree in nursing and one (1) year of supervised clinical experience obtained after the master's degree in nursing has been conferred; or two (2) years of supervised clinical experience obtained subsequent to the conferral of the master's degree in nursing; or (B) American Nurses Association - American Nurses Credentialing Center (ANCC) verification as a Clinical Specialist in Psychiatric/Mental Health Nursing.

Psychiatric/mental health nurses work under the same scope of regulation as do all registered nurses, and inclusion on the Board's list does not in any way expand the scope of practice of such registered nurses.

#### **II. General Application Requirements**

Psychiatric/Mental Health Nurse listing eligibility requires the possession of a current, clear and active California RN license. The following must be submitted to the Board of Registered Nursing for Psychiatric/Mental Health Nurse listing purposes:

- 1. A completed Psychiatric/Mental Health Nurse Listing Application form (Pages 6 & 7). No fee is required to process the listing application.**
- 2. One recent 2" x 2" passport type photograph.**
- 3. Required documentation to determine listing eligibility. Please refer to the application requirements for the Psychiatric/Mental Health Nurse listing (Pages 4 & 5) and select the appropriate method by which to qualify.**

## GENERAL INSTRUCTIONS (CONT'D)

If you do not possess a current, clear and active California RN license and have never applied for a California RN license, an Application for California RN Licensure by Endorsement must also be submitted. If you have had a permanent California RN license, you must renew/reactivate the California RN license.

Processing times for the listing may vary, depending on the receipt of documentation from academic programs, associations/national organizations or supervisors. Processing a Psychiatric/Mental Health Nurse listing application indicating a conviction(s), disciplinary action(s) and/or voluntary surrender(s) may take longer. A pending application file is not a public record; therefore, an applicant must sign a release of information before the Board of Registered Nursing will release information to the public, including employers, relatives or other third parties. Once you are listed, your address of record must be disclosed to the public upon request. All requests for information are mandatory.

### III. Name and/or Address Changes

California Code of Regulations, Section 1409.1 requires that you notify the Board of Registered Nursing of all name and address changes within thirty (30) days of any change. You may call the Board of Registered Nursing regarding the change of address of record. If you have changed your name, please submit a letter of explanation regarding the requested name change plus applicable documentation such as a copy of a marriage certificate, divorce decree or a driver's license.

### IV. Social Security Number

**Disclosure of your social security number is mandatory.** Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure, certification or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal of licensure/certification will not be processed. You will be reported to the Franchise Tax Board, who may assess a \$100 penalty against you.

### V. Reporting ALL Conviction(s), Discipline(s) and/or Voluntary Surrender(s) Against Licenses/Certificates/Listings

Applicants are required under law to report ALL misdemeanor and felony convictions. "Driving under the influence" convictions must be reported. Conviction(s) must be reported even if they have been expunged under Penal Code Section 1203.4 or even if a court ordered diversion program has been completed under the Penal Code or under Article 5 of the Vehicle Code. Also, all disciplinary action(s) and/or voluntary surrender(s) against an applicant's psychiatric/mental health nurse, registered nurse, practical nurse, vocational nurse or other professional license/certificate/listing must be reported.

**Failure to report prior conviction(s), disciplinary action(s) and/or voluntary surrender(s) is considered falsification of application and is grounds for denial of licensure/certification/listing or revocation of license/certificate/listing.**

## GENERAL INSTRUCTIONS (CONT'D)

When reporting prior conviction(s), disciplinary action(s) and/or voluntary surrender(s), **applicants are required to provide a full written explanation of:** circumstances surrounding the arrest(s), conviction(s), disciplinary action(s) and/or voluntary surrender(s); the date of incident(s), conviction(s), disciplinary action(s) and/or voluntary surrender(s); specific violation(s) (cite section of law, if convicted), court location or jurisdiction, sanctions or penalties imposed and completion dates. Certified copies of court documents or state board determinations/decisions should also be included.

NOTE: A certified copy of the arrest report may also be requested. Applicants must also submit a description of the rehabilitative changes in their lifestyle which would enable them to avoid future occurrences.

To make a determination in these cases, the Board of Registered Nursing considers the nature and severity of the offense, additional subsequent acts, recency of acts or crimes, compliance with court sanctions and evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation. Examples of rehabilitation evidence include, but are not limited to:

- Recent dated letter from applicant describing rehabilitative efforts or changes in life to prevent future problems.
- Letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse.
- Proof of community work, schooling, self-improvement efforts.
- Court-issued certificate of rehabilitation or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.

All of the above items should be mailed **directly** to the Board of Registered Nursing by the individual(s) or agency who is providing information about the applicant. Have these items sent to the Board of Registered Nursing, Licensing Unit – Advanced Practice (P/MH Listing), P.O. Box 944210, Sacramento, CA 94244-2100.

**It is the responsibility of the applicant to provide sufficient rehabilitation evidence on a timely basis so that a certification determination can be made.**

An applicant is also required to immediately report, in writing, to the Board of Registered Nursing any conviction(s), disciplinary action(s) and/or voluntary surrender(s) which occur between the date the application was filed and the date that a California Psychiatric/Mental Health listing is issued. Failure to report this information is grounds for denial of licensure/certification or revocation of license/certificate.

**NOTE: The application must be completed and signed by the applicant under penalty of perjury.**

## GENERAL INSTRUCTIONS (CONT'D)

### VI. Address Information

The Board of Registered Nursing's mailing address is:

Advanced Practice Unit – P/MH Listing  
Board of Registered Nursing  
P. O. Box 944210, Sacramento, CA 94244-2100

The Board of Registered Nursing's street address for overnight mail is:

Advanced Practice Unit – P/MH Listing  
Board of Registered Nursing  
400 R Street, Suite 4030, Sacramento, CA 95814-6200

### VII. California Nursing Practice Act

California statutes and regulations pertaining to Registered Nurses - Psychiatric/Mental Health Nurses may be obtained by contacting:

Procurement Publications Section  
California Department of General Services  
P. O. Box 1015, North Highlands, CA 95660

Document Number: 7540-957-1108-5    Fee: \$9.95  
Telephone Number: (916)574-2200 - No Telephone Orders Accepted

## APPLICATION REQUIREMENTS FOR PSYCHIATRIC/MENTAL HEALTH (P/MH) NURSE LISTING

1. The submission of the **Application for the Psychiatric/Mental Health Nurse Listing form** (Pages 6 & 7) to the Board of Registered Nursing. **No application processing fee is required.**
2. **Verification of the Completion of a Psychiatric/Mental Health Academic Program form** (Page 8) and **official transcripts** verifying the master's degree in psychiatric/mental health nursing submitted by the academic program directly to the Board of Registered Nursing. Course descriptions for the applicable period of enrollment should accompany official transcripts when the nursing specialty area for the master's degree is not clearly identified.
3. Submission of **one** (1) of the applicable **forms** **A (Page 9) or B (Page 10)** to the Board of Registered Nursing to satisfy the supervised clinical experience requirement.

<p style="text-align: center;"><b>APPLICATION REQUIREMENTS FOR PSYCHIATRIC/MENTAL HEALTH (P/MH) NURSE LISTING (CONT'D)</b></p>
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**A. Verification of Supervision of Clinical Experience - Page 9**

Verification of two (2) years of clinical experience in providing psychiatric/mental health counseling services under the supervision of one or more of the following professionals with current training and practice as well as a current, clear and active license:

- A psychiatric/mental health nurse listed with the California Board of Registered Nursing.
- A licensed clinical psychologist.
- A licensed clinical social worker.
- A licensed marriage, family and child counselor.
- A psychiatrist.

The supervised clinical experience for the provision of psychiatric/mental health counseling services may be satisfied by evidencing that the required two (2) years of clinical experience was completed in the following manner:

- one (1) year obtained while completing the master's degree in nursing and one (1) year after the master's degree in nursing had been conferred;     **OR**
- two (2) years obtained subsequent to the conferral of the master's degree in nursing.

If one professional did not supervise the entire two (2) year period, the verification form must be submitted by each supervisor to evidence the completion of the required supervised clinical experience during the two (2) year period. The two (2) year period does not need to be consecutive years.

Applicants whose experience had been acquired outside of California must provide evidence that at the time the experience was obtained, the supervisor was currently licensed, certified or registered to provide psychiatric/mental health counseling services by a state agency whose standards are equivalent to or greater than those required by the equivalent licensing agency in California.

**B. Verification of Psychiatric/Mental Health Certification by a National Association - Page 10**

American Nurses Association - American Nurses Credentialing Center (ANCC)\* verification that the applicant is currently certified as a Clinical Specialist in Psychiatric/Mental Health Nursing. The verification form must be submitted directly to the Board of Registered Nursing by ANCC.

**\*American Nurses Association - American Nurses Credentialing Center (ANCC)**

600 Maryland Ave., SW, Suite 100 West, Washington, DC 20024-2571 (800) 284-2378